## OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurrate

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0,"

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases		
0	1	0			
(G)	(H)	(i)	(J)		
Number of Days					
Total number of days away from work		Total number of days of job transfer or restriction			
44		0			
(K)		(L)			
Injury and Illness	Types				
Total number of (M)		٠.	1.1		
(1) Injury	. 1	(4) Poisoning	0		
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0		
Condition	0	(6) All Other Illnesses	o ·		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Othle Control number. If you have any comments about these estimates or any aspect this data collection, contact: US Department of Labor, OSHA Office of Statistics. Room N-3644, 200 Constitution Ave. NW. Washinoton. DC 20210. Do not send the completed forms to this office.

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Establishr	nent information	l						
Your es	stablishment name	California Enviromen	tal Protection A	gency				
Street	1001   Street							
City	Sacramento	St	ate	California	Zip		95814	. \
Industr	y description (e.g., M Government	anufacture of motor truck	c trailers)		·	•		
Standa	rd Industrial Classific	cation (SIC), if known (e.c	J., SIC 3715)	,				
OR: North A	American Industrial C	lassification (NAICS), if I	known (e.g., 336)	212)				. •
Employme	ent information							
Annual	average number of	employees	67.5			,		
Total h	ours worked by all er		33,350					
Sign here	Shel	el bu	ook	<u>,                                     </u>				
Knowi	ngly falsifying this	document may result in	a fine.			-		
		•		•				
1 certify	that I have examine	d this document and that	to the best of my	y knowledge the entri	es are true, accurate, a	nd complete.		*
	Sheryl B Company e		· ·		Chief, Hu	ıman Resources Title	Branch	
	(916) 322 Phor					January 29, 2009		
	1 1101					Date		